

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	THIAZOLE DERIVATIVES
Attorney Docket Number::	248223US0
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Small Entity?::	NO
Petition Included?::	NO
Secrecy Order in Parent Appl.?::	NO

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Akira
Family Name::	Nagashima
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7 Doshomachi 3-chome, Chuo-ku
City of Mailing Address::	Osaka-shi,
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541 8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takayuki
Family Name::	Inoue
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi,
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Mitsuru
Family Name::	Ohkubo
City of Residence::	Osaka-shi,
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
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Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Kousei
Family Name::	Yoshihara
City of Residence::	Osaka-shi
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Takashi
Family Name::	Tojo
City of Residence::	Osaka-shi
State or Province of Residence::	Osaka
Country of Residence::	Japan
Street of Mailing Address::	c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
City of Mailing Address::	Osaka-shi
State or Province of Mailing Address::	Osaka
Country of Mailing Address::	Japan
Postal or Zip Code of Mailing Address::	541-8514

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Japan
 Status:: FULL CAPACITY
 Given Name:: Masataka
 Family Name:: Morita
 City of Residence:: Osaka-shi
 State or Province of Residence:: Osaka
 Country of Residence:: Japan
 Street of Mailing Address:: c/o Fujisawa Pharmaceutical Co., Ltd., 4-7, Doshomachi 3-chome, Chuo-ku,
 City of Mailing Address:: Osaka-shi
 State or Province of Mailing Address:: Osaka
 Country of Mailing Address:: Japan
 Postal or Zip Code of Mailing Address:: 541-8514

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	119(e) of	60/442,509	01/27/03
60/442,509	119(e) of	60/458,369	03/31/03
60/458,369	119(e) of	60/517,377	11/06/03

ASSIGNMENT INFORMATION

Assignee Name:: Fujisawa Pharmaceutical Co. Ltd.
 Street of Mailing Address:: 4-7, Doshomachi 3-chome, Chuo-ku,
 Osaka-shi
 City of Mailing Address:: Osaka
 Country of Mailing Address:: JAPAN
 Postal or Zip Code of Mailing Address:: 541-8514